



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

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Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$45967766
Outpatient Patient Service Revenue	\$432516712
Total Gross Patient Service Revenue	\$478484478

2. Deductions From Revenue

Contractual Allowance	\$331810040
Other Deductions	\$972018
Total Deductions	\$332782058

3. Total Operating Revenue

Net Patient Service Revenue	\$145702420
Other Operating Revenue	\$2360364
Total Operating Revenue	\$148062784

4. Operating Expenses

Salaries and Wages	\$14390959	Employee Benefits	\$4277223
Depreciation and Amortization	\$2221681	Interest Expense	\$2810
Bad Debt	\$3431474	Other Expenses	\$64366553
Total Operating Expenses	\$88690700		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$59372084	Total Assets	\$66963333
Net Non-operating Gains over Loss	\$-68128	Total Liabilities	\$17676218
Total Net Gains	\$59303956		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$232293280	\$198364705	\$33928575
Medicaid	\$52051243	\$42330752	\$9720491
Other Government	\$25154332	\$19840916	\$5313416
Other State	\$0	\$0	\$0
Other Payers	\$168985623	\$72245685	\$96739938
Total	\$478484478	\$332782058	\$145702420

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$972018
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$164105	
HCI Payments	\$0		
Subtotal	\$0	\$164105	\$-164105
Medicaid Shortfalls	\$9722315	\$10527328	
Subtotal	\$9722315	\$10691433	\$-969118
DSH Payments	\$0		

	Subtotal	\$9722315	\$10691433	\$-969118
Medicare Shortfalls		\$33928575	\$39217805	
Other Government Programs		\$0	\$0	
	Total	\$43650890	\$49909238	\$-6258348

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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